

**APPLICATION FOR LICENSE RENEWAL
BEGINNING 12/01/2014 AND ENDING 11/30/2015**

____ CHECK HERE IF YOU WISH TO RENEW

CURRENT EXPIRATION DATE

11/30/2014

____ CHECK HERE IF YOU **DO NOT** WISH TO RENEW

MAILING ADDRESS

Name: License # Street Address: City: State: Zip: County: Phone (include area code):

OTHER ADDRESS

Street Address: City: State: Zip: County: Phone (include area code):

MAKE ANY ADDRESS CHANGES ON FORM

TENNESSEN WARNING (Minn. Stat. 13.04)

The Minnesota Board of Dietetics & Nutrition Practice is seeking data from you which may be considered private or confidential under the Minnesota Government Data Practices Act, Minn. Stat. § 13.01 et seq. Minn. Stat. § 13.04, subd. 2 requires the Board to notify you of the following four matters before you are asked to supply such information about yourself: (1) This data is being collected to determine whether you meet the requirements for renewal of your license as well as whether you have violated any statutes or rules the Board is empowered to enforce; (2) You are not legally required to complete and return this renewal application, but failure to do so may result in the denial of this licensure renewal application; (3) If you supply the data requested and it shows a violation of any of the statutes or rules enforced by the Board, you may be subject to disciplinary or other action by the Board. If you refuse to supply the data requested, your licensure renewal application may be denied. In addition, falsification or omission of information may be used by the Board as a basis for disciplinary action; and (4) the data which you supply will be accessible to Board staff. The data you supply may also be released to other persons and/or governmental entities that have statutory authority to review the data, investigate specific conduct, and/or take appropriate legal action. If the Board institutes a formal disciplinary action against you, the information you supply could become public.

License Renewal Questions

Since your last renewal, have any **criminal charges** been filed against you? Include all charges, whether the charges were misdemeanor, gross misdemeanor, or a felony. If so, give explanation and attach. **YES** _____ **NO** _____

Since your last renewal, has your ability to practice dietetics and nutrition practice with reasonable skill and safety been in any way **impaired or limited by your use of alcohol or chemical substances**, including prescription medication, or has anyone expressed concern about your use of alcohol or chemical substances, including prescription medications? If you currently have signed a participation agreement with Health Professionals Services Program (HPSP) or similar program, you may answer "No" to this question. If so, give explanation and attach. **YES** _____ **NO** _____

Since your last renewal, have you been advised by a treating professional that you have a **mental, physical, or emotional condition** which, if untreated, would potentially impair your ability to practice dietetics and nutrition practice with reasonable effectiveness and safety? If you currently have signed a participation agreement with Health Professionals Services Program (HPSP) or similar program, you may answer "No" to this question. If so, give explanation and attach. **YES** _____ **NO** _____

APPLICATION MUST BE SIGNED TO BE VALID

SIGNATURE _____	DATE _____
EMAIL ADDRESS:	

OFFICE USE ONLY:	
RENEWAL CERTIFICATE# _____	
DATE ISSUED _____	

MAKE CHECK PAYABLE TO: MN BOARD OF DIETETICS & NUTRITION PRACTICE RENEWAL FEE (U. S. FUNDS ONLY) \$68.00	
OET SURCHARGE	\$7.00
LATE PENALTY FEE \$34.00 IF POSTMARKED AFTER 11/30/2014	\$ _____
TOTAL REMITTANCE	\$ _____